

Committee for Political Action (PAC) Registration Form

State of Nevada

Print or type the following information; complete both sides of this registration form:

REGISTRATION: (check one) ☒ New registration ☐ Amended registration (if amended list reason)

REASON FOR AMENDMENT: ☐ Change in officers ☐ Change resident agent
☐ Other _____

NAME OF COMMITTEE:

Mailing Address:

American College of Emergency Physicians
Nevada Chapter, PAC
1675 DAVIS LN 89511

City State Zip Telephone
Reno NV 89511

PURPOSE: (Briefly state the purpose for which the political action committee was organized.)

political action

RESIDENT AGENT: (Pursuant to NRS 294A.260, each committee for political action must appoint and keep in this state a resident agent who must be a natural person who resides in the State of Nevada.)

Name of Resident Agent:

Mailing Address:

Wayne C. Hardwick
1675 DAVIS
RENO NV 89511
City State Zip Telephone

ACCEPTANCE OF APPOINTMENT BY RESIDENT AGENT

I, Wayne C. Hardwick, hereby accept appointment as Resident Agent for the
above named committee for political action.

Signature of Resident Agent

Date

3 - 6 - 96

FILED
MAR 06 1996
Dean Heller
Secretary of State

727

OFFICERS:

(Please list the name, title and address of each officer.)

Name

Title

Name

Title

Name

Title

Name

Title

Name

Title

Address

City/State/Zip

Address

City/State/Zip

Address

City/State/Zip

Address

City/State/Zip

Address

City/State/Zip

AFFILIATION:

(If the committee for political action is affiliated with any other organizations, list the name and address of each organization.)

Name of Organization:

Address:

Submitted By:

Name of representative of group

Date

Send Completed Form to:
SECRETARY OF STATE
CAPITOL COMPLEX
CARSON CITY, NEVADA 89710

PHONE: (702) 687-3176 FAX: (702) 687-6913